



COMMUNITY BUSINESS PRIORITY PROCESSING PROGRAM (CB3P)

Checklist for Eligibility

The Community Business Priority Processing Program (“CB3P”) was adopted by the San Francisco Planning Commission on February 12, 2015 under Resolution Number 19323. The CB3P streamlines the Conditional Use process for certain small and mid-sized businesses applications. It is the successor program to the Planning Commission’s Small Business Priority Processing Pilot Program (“SB4P”).

Projects that qualify for, and enroll in, the CB3P are guaranteed (1) a hearing date within 90 days of filing a complete application and (2) placement on the Planning Commission’s consent calendar. The analysis of CB3P-projects is documented through a two-page Project Summary and Motion (“PS&M”) rather than the lengthier Executive Summary and Draft Motion documents prepared in connection with conventional applications.

WHAT TO SUBMIT:

1. One (1) complete checklist (available on the next page) documenting eligibility for participation.

After receiving status of the submitted CB3P Checklist, please follow the submittal instructions in the Conditional Use Authorization Application and Instruction Packet.

HOW TO SUBMIT:

Please send an email request along with the intake appointment request form and the CB3P Checklist for Eligibility to: CPC.Intake@sfgov.org. Intake request forms are available here: <http://sf-planning.org/permit-forms-applications-and-fees>.

For questions, you can stop by, call, or email the Planning Information Center (PIC), where planners are available to assist you.

Location: 1660 Mission Street, Ground Floor
San Francisco, CA 94103-2479
Phone: (415) 558-6377
Email: pic@sfgov.org

THE PRE-APPLICATION PROCESS:

The following types of projects require a Pre-Application Meeting Notification. Please be aware that a Pre-Application meeting is also required prior to filing any Planning entitlement application (i.e. Conditional Use Authorization, Variance) for:

- Projects subject to 311 or 312 Notification;
- New Construction;
- Any vertical addition of 7 feet or more;
- Any horizontal addition of 10 feet or more;
- Decks over 10 feet above grade or within the required rear yard;
- All Formula Retail uses subject to a Conditional Use Authorization;
- Community Business Priority Processing (CB3P); and
- Projects in PDR-I-G Districts subject to Section 313.

Please refer to the Pre-Application Meeting Instruction Packet for further detail or contact planning staff with questions.

Español: Si desea ayuda sobre cómo llenar esta solicitud en español, por favor llame al 415-575-9010. Tenga en cuenta que el Departamento de Planificación requerirá al menos un día hábil para responder

中文: 如果您希望獲得使用中文填寫這份申請表的幫助，請致電415-575-9010。請注意，規劃部門需要至少一個工作日來回應。

Tagalog: Kung gusto mo ng tulong sa pagkumpleto ng application na ito sa Filipino, paki tawagan ang 415-575-9010. Paki tandaan na mangangailangan ang Planning Department ng hindi kukulangin sa isang araw na pantrabaho para makasagot.



CB3P CHECKLIST FOR ELIGIBILITY

Property Information

Project Address: _____

Record Number and/or Building Permit Number: _____

Name of Business (if known): _____

Project Description

Please provide a narrative project description that summarizes the project and its purpose. See Attachment

The following checklist is to be completed by applicants and reviewed by Planning Department Staff.

Confirm Compliance with Each Criterion by Checking the Boxes Below		
	Pre-Application Meeting	The applicant has conducted a Pre-Application Meeting.
	Formula Retail	The application does not seek to establish a new Formula Retail use, accepting one with fewer than 20 other establishments
	Hours of Operation	The application does not seek to establish or expand hours of operation beyond those permitted on an as-of-right basis in the subject zoning district.
	Storefront Consolidation	The application does not seek to consolidate multiple tenant spaces (e.g. storefronts), regardless of any vacancy, into a lesser number of tenant spaces.
	Loss of Dwellings	The application does not seek to remove any dwelling units.
	Alcohol Beverages	The application does not seek to sell any alcoholic beverages excepting beer and/or wine sold on or off-site in conjunction with the operation of a Bona Fide Eating Place.
	Nature of Work	The proposed work involves only a change of use, tenant improvement or similar interior or store-front work. No building expansion or new construction is involved.
	Nature of Use	<p>The application involves only non-residential uses and does not seek to establish or expand any of the following:</p> <ul style="list-style-type: none"> • Massage Establishment • Tobacco Paraphernalia Establishment • Adult Entertainment Establishment • Cannabis Uses • Fringe Financial Service • Drive-up Facility • Wireless Telecommunications Site ("WTS") • Outdoor Activity Area • Bar • Nighttime Entertainment/Place of Entertainment (e.g. nightclubs, music venues) • Off-Street parking in excess of that allowed on an as-of-right basis • Office closed to the public located on the ground story

APPLICANT'S DECLARATION

I hereby attest under penalty of perjury that the information I have provided is true and correct to the best of my knowledge, that I intend to complete the project described herein in compliance with the eligibility requirements of the CB3P Program, that I have read and understood this form, and that I am (a) the property owner or authorized agent of the property owner, (b) familiar with the property, and (c) able to provide accurate and complete information. I understand that knowingly or negligently providing false or misleading information may lead to denial or rescission of my permit and/or other authorization and may constitute a violation of the San Francisco Municipal Code, which can lead to criminal and/or civil legal action along with the imposition of administrative fines.

Under penalty of perjury the following declarations are made:

- a) The undersigned is the owner or authorized agent of the owner of this property.
- b) The information presented is true and correct to the best of my knowledge.
- c) Other information or applications may be required.

_____		_____
Signature		Name (Printed)
_____	_____	_____
Date	Phone Number	Email Address

For Department Use Only

Check One:

ENROLLED

By: _____

Date: _____

NOT ENROLLED

STATE REASON: _____

By: _____

Date: _____